

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c))				Docket No. DC10001 PCT 1	
In Re Application Of: NGUYEN , et al.					
Application No.	Filing Date	Examiner	Customer No. 00137	Group Art Unit	Confirmation No.
Title: GRIGNARD PROCESSES WITH INCREASED CONTENT OF DIPHENYLCHLOROSILANES					
<p style="text-align: center;">Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p style="text-align: center;">37 CFR 1.97(b)</p> <p>1. <input checked="" type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.</p> <p style="text-align: center;">37 CFR 1.97(c)</p> <p>2. <input type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:</p> <p style="margin-left: 40px;"><input type="checkbox"/> the statement specified in 37 CFR 1.97(e);</p> <p style="text-align: center; margin-left: 100px;">OR</p> <p style="margin-left: 40px;"><input type="checkbox"/> the fee set forth in 37 CFR 1.17(p).</p>					

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<p style="text-align: center;">Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))</p> <p><input type="checkbox"/> A check in the amount of _____ is attached.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-1520 as described below.</p> <p style="margin-left: 40px;"> <input type="checkbox"/> Charge the amount of _____ \$ <input type="checkbox"/> Credit any overpayment. <input type="checkbox"/> Charge any additional fee required. </p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p style="text-align: center;">Certificate of Transmission by Facsimile*</p> <div style="border: 1px solid black; padding: 5px;"> <p>I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. _____)</p> <p>_____ (Date)</p> <p style="text-align: center;">_____ Signature</p> <p style="text-align: center;">_____ Typed or Printed Name of Person Signing Certificate</p> </div> </div> <div style="width: 48%;"> <p style="text-align: center;">Certificate of Mailing by First Class Mail</p> <div style="border: 1px solid black; padding: 5px;"> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a) <u>6-29-06</u>]</p> <p style="text-align: center;">_____ (Date)</p> <p style="text-align: center;"><i>Kelly Smith</i> Signature of Person Mailing Correspondence</p> <p style="text-align: center;">Kelly Smith</p> <p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Certificate</p> </div> </div> </div> <p style="margin-top: 10px;">*This certificate may only be used if paying by deposit account.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p><i>Patricia M. Scaduto</i> _____ Signature</p> </div> <div style="width: 45%;"> <p>Dated: <u>6/28/06</u></p> </div> </div> <p style="margin-top: 10px;">Patricia M. Scaduto, Reg. No. 39,827 Phone: 989-496-6925 Mail Number C01232 2200 W. Salzburg Road P.O. Box 994 Midland, MI 48686-0994 UNITED STATES OF AMERICA</p> <p style="margin-top: 20px;">cc:</p>					

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Substitute for form 1449A/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet 1

of 2

Attorney Docket Number	DC10001 PCT 1
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Complete if Known

Application Number	PCT/US04/043006
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Filing Date	11/29/2021
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First Named Inventor	NGUYEN
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Art Unit

Examiner Name

Attorney Docket Number	DC10001 PCT 1
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U. S. PATENT DOCUMENTS

[illegible]

FOREIGN PATENT DOCUMENTS

[illegible]

Examiner Signature		Date Considered	
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PTO/SB/08b (08-03)

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Substitute for form 1449B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	PCT/US04/043006
				Filing Date	17/DEC/2004 12 02 199
				First Named Inventor	NGUYEN
				Art Unit	
				Examiner Name	
				Attorney Docket Number	DC10001 PCT1
Sheet	2	of	2		

[illegible]

Examiner Signature		Date Considered	
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1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.

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